



F.

**Emergencies** (During non-office hours)

Telephone Number

Facsimile Number

E-mail Address

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

G.

Afton Ellison

**Regulatory Officer** (Include address if different than above.)

Telephone Number

Facsimile Number

E-mail Address

H.

Afton Ellison

**Dual Party Mailings** (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

I.

Afton Ellison

**Interim LEC Fund Mailings** (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

J.

Afton Ellison

**Universal Service Fund Mailings** (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

K.

Afton Ellison

**Gross Receipts Mailings** (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

L.

Afton Ellison

**Lifeline Mailings** (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

Afton Ellison  
This form was completed by (print name)

*Afton Ellison*  
Signature

Office Manager

Title

4/12/2010

Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
**Docketing Department**  
Post Office Drawer 11649  
Columbia, South Carolina 29211

Office of Regulatory Staff  
**Attn: Jeanne Gordon**  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201

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